Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0

Title:: EQUIPMENT FOR SUBSURFACE

AUTOFLUORESCENCE SPECTROSCOPY

Attorney Docket Number:: 0501-1097

Request for Early No

Publication?::

Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 3
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MAGALIE

Middle Name::

Family Name:: GENET

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 74, COURS DE VINCENNES

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75012

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: GENEVIÈVE

Middle Name::

Family Name:: BOURG-HECKLY

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 5, RUE ELZÈVIR

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75003

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: SANDRINE

Middle Name::

Family Name:: VILETTE

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 28, RUE DES TERRES AU CURE

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75013

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: FRANÇOIS

Middle Name::

Family Name:: LACOMBE

Name Suffix::

City of Residence:: CHAVILLE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 2173, AVENUE ROGER SALENGRO

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Address::

City of Mailing Address:: CHAVILLE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-92370

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ALEXANDRE

Middle Name::

Family Name:: LOISEAU

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 1, RUE DU GROS CAILLOU

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75007

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BENJAMIN

Middle Name::

Family Name:: ABRAT

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country	of	Residence::	FRANCE
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Street of Mailing 18, RUE PIERRE GUÉRIN

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75016

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FR02/04480	12/20/02

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	01/16981	12/18/01	Yes

Assignment Information

Assignee Name::

MAUNA KEA TECHNOLOGIES

Street of Mailing 9, RUE D'ENGHIEN

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: F-75010